| UNITED STATES BANKRUPTCY COURT  |   |   |   | REQUEST FOR PAYMENT OF |                                  |
|---|---|---|---|------------------------|----------------------------------|
| DISTRICT OF NEW JERSEY  |   |   |   | ADMINISTRATIVE EXPENSE |                                  |
|   |   | Chapter 11  |   |                        |                                  |
| Monsey One, Inc.  |   | Case Number: 20-12093   |   | 193                    |                                  |
|   |   | Cuse 1\u00e4mber. 20-12075  |   | 173                    |                                  |
| NOTE: This form should not be used for an unsecured claim arising prior to the commencement of the case. In such instances, a proof of claim should be filed.                           |   |   |   |                        |                                  |
| Name of Creditor: Star Leasing Co.  (The person or other entity to whom the debtor owed   |   |   | heck box if you are aware   |                        |                                  |
| money or property.)   |   | proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court in this case. |   | relating to your       |                                  |
| Name and Addresses Where Notices Should Be Sent:  |   |   |   | ng particulars.        |                                  |
| c/o Kevin S. Mann, Esq.   |   |   |   |                        |                                  |
| Cross & Simon, LLC  |   |   |   | art in this case.      |                                  |
| 1105 North Market Street<br>Suite 901   |   | Check box if the address differs  |   |                        |                                  |
| Wilmington, DE 19801  |   | envelope sent to you by the   |   |                        | THIS SPACE IS FOR COURT USE ONLY |
| <b>.</b>  |   | Charle have if this reserve   |   | :6.1:                  |                                  |
| ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 6379   |   |   | Check here if this request:  ☐ replaces a previously filed request, dated:  |                        |                                  |
|   |   |   | amends a previously filed request, dated:   |                        |                                  |
| 1. BASIS FOR CLAIM  |   |   | ☐ Retiree benefits as defined in 11 U.S.C. §1114(a) ☐ Wages, salaries and compensations (Fill out below)  Provide last four digits of your social security number |                        |                                  |
| ☐ Goods Sold  |   |   |   |                        |                                  |
| ☐ Services performed  |   |   |   |                        |                                  |
| ☐ Money loaned  |   |   |   |                        |                                  |
| ☐ Personal injury/wrongful death ☐ Taxes  |   |   |   |                        |                                  |
| ☐ Takes  ☑ Other (Describe briefly)   |   |   |   |                        |                                  |
| 2. DATE DEBT WAS INCURRED: May 26, 2015   |   |   |   |                        |                                  |
|   |   |   |   |                        |                                  |
| 3. TOTAL AMOUNT OF REQUEST AS OF ABOVE DATE: \$105,495.42   |   |   |   |                        |                                  |
| ☐ Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges. |   |   |   |                        |                                  |
| 4. Secured Claim  |   |   |   |                        |                                  |
| Check this box if your claim is secured by collateral (including a right of   |   |   |   |                        |                                  |
| setoff).  Brief Description of Collateral:  |   |   |   |                        |                                  |
| □ Real Estate □ Motor Vehicle   |   |   |   |                        |                                  |
| ☐ Other (Describe briefly)  |   |   |   |                        |                                  |
| Value of Collateral: \$   |   |   |   |                        |                                  |
| ☐ Check this box if there is no collateral or lien securing your claim.   |   |   |   |                        |                                  |
| 5. Credits: The amount of all payments have been credited and deducted making this request for payment of administrative expenses.  |   |   | ed for the p  | ourposes of            | THIS SPACE IS FOR COURT USE ONLY |
| 6. <b>Supporting Documents</b> : Attach copies of supporting documents, suc invoices, itemized statements of running accounts, contracts as well as of a lien.                          |   |   |   |                        |                                  |
| DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain the documents are voluminous, attach a summary.   |   |   |   | ole, explain.          |                                  |
| 7. <b>Date-Stamped Copy</b> : To receive an acknowledgment of the filing of self-addressed envelope and copy of this request.   |   |   |   | iest, enclose a        |                                  |
| Date: Sign and print below the name and title, if any, of to or other person authorized to file this request (atta  |   |   |   |                        |                                  |
| September 15, 2020  | power of attorney, if any).                       |   |   |                        |                                  |
|   | /s/ Kevin S. Mann, Attorney and Authorized Agent. |   |   |                        |                                  |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.   |   |   |   |                        |                                  |

NOTE: The filing of this request will not result in the scheduling of a hearing to consider payment of your administrative claim but will result in the registry of your administrative claim with the Bankruptcy Court. If you wish to have a hearing scheduled on your claim, you must file a motion in accordance with D.N.J. LBR 3001-1(b).

\*rev.8/1/15\*